

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$110.00 for date of service, 03/08/02.
- b. The request was received on 06/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500s
 2. Medical Audit summary/EOB/TWCC 62 form
 3. Request for reconsideration, undated
 4. Copy of TWCC Advisory 97-01
 - b. Additional documentation requested on 07/11/02 and received on 07/22/02
 1. Position statement, dated 07/22/02
 2. Copy of TWCC Advisory 97-01
 3. Operative Report
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. HCFA(s)
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/05/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/20/02. The initial response from the insurance carrier was received in the Division on 07/23/02. No response was received to the additional documentation submitted by the Requestor.

4. Notice of a Letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/22/02

"Please refer to the attached additional documentation requested regarding a fee dispute on injured employee... The carrier has denied CPT code 76000-WP on the original claim and request for reconsideration, stating the code is included in global fee... However, I am performing a fluoroscopy **without** video, as it has been well established and proven through numerous research studies that injecting the epidural space blindly is far less effective and puts the patient at an unnecessary risk... The description of 62282 does not include fluoroscopic guidance and the code is payable separately."

2. Respondent: No response statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/08/02.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$300.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as global.
5. Per the Requestor's Table of Disputed Services the amount in dispute is \$110.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/08/02	76000 WP	\$300.00	\$0.00	G	\$22.00 PC \$88.00 TC	Advisory 97-01; MFG; SGR (II) (A); Radiology GR (I) (II); CPT Descriptor	The medical documentation submitted confirms the procedure was performed. Per TWCC Advisory 97-01, the fluoroscopy can be billed separately as long as medical necessity is documented. The Requestor's position statement indicates the fluoroscopy was initiated to, "...properly perform this procedure and to properly place the needle in the appropriate space." It appears that the provider did address the medical necessity required in the TWCC Advisory 97-01, satisfying all components of the CPT Descriptor. Additionally, the CPT Code 62282 is a starred procedure and therefore, the global concept does not apply. Reimbursement of \$110.00 is recommended.
Totals		\$300.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$110.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$110.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 12th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt